

SC DHEC DEAD BIRD SUBMISSION AND REPORTING SHEET FOR WEST NILE VIRUS

(Revised April 21, 2004)

-LAB USE ONLY- Specimen No. _____	
Initials: _____	Date Received: _____ Dissection Date: _____

- ✚ See instruction sheet for determining if the dead bird(s) should be submitted and for shipping instructions.
 - ✚ If more than one bird of the same species is being submitted from the same dead bird site, complete and submit only one information sheet.
Submit separate sheets for each different species.
 - ✚ Exception: Fill out an individual sheet for a bird that was euthanized, and mark the bag so it can be identified.
- NOTE: The "boxed" areas will be completed at the SC DHEC Bureau of Laboratories.**

Species of dead bird(s) [common name]: _____

Date bird was first seen: _____ Date bird was collected: _____

Number of dead birds seen: _____ Number of dead birds submitted: _____

Was the bird found ill and later euthanized? ☐ Yes ☐ No _____

If bird was euthanized, what substance or method was used? _____

(1) Location of Dead Bird Site	State: _____	County: _____	Town: _____	Zip Code: _____
	Specific _____			
	Location _____			
	(If not a street address, give directions. If needed, draw map on back of form.)			
Coordinates: W - _____ ° (X; Longitude)		N _____ ° (Y; Latitude)		

(2) Person Reporting Dead Bird(s)	Name: _____
	Address: _____
	City, State Zip: _____
	Phone #: _____ (Required) Fax #: _____
	E-Mail Address: _____

(3) Person & Agency Submitting this Form	Name: _____
	Agency: _____
	Address: _____
	City, State Zip: _____
	Phone #: _____ (Required) Fax #: _____ (Required)
E-Mail Address: _____	

-LAB USE ONLY-		
<input type="checkbox"/> WNV POSITIVE (pos)	<input type="checkbox"/> WNV NEGATIVE (neg)	<input type="checkbox"/> UNACCEPTABLE FOR TESTING:
<input type="checkbox"/> Too decomposed;	<input type="checkbox"/> Not testing this species;	<input type="checkbox"/> Not currently testing birds in this area
Date of Results: _____	Date of Notification: _____	